



EXAM REGISTRATION FORM

BUSINESS CONFIDENTIAL

Please print clearly, incomplete registration forms will be returned.

SECTION 1: APPLICATION INFORMATION

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

Family Name/Surname: _____ Other: _____

First Name/Given: _____ Middle Initial: _____

Address: _____

City: _____ State/Country: _____ Postal Code: _____

Home Email: _____ Date of Birth: _____

Home Phone: _____ Home Fax: _____

Employer: _____

Title/Position: _____ Industry Type: _____

Business Address: _____

City: _____ State/Country: _____ Postal Code: _____

Business Email: _____ Business Phone: _____

Please contact me at (indicate your preferred email address): ☐ Home Email Address ☐ Business Email Address

Have you taken an (ISC)² examination before? ☐ No ☐ Yes If so, what is your existing Member/Candidate ID? _____

SECTION 2: EXAMINATION INFORMATION (Please indicate the examination you wish to sit for:)

☐ CISSP® Certified Information Systems Security Professional

☐ CAP® Certified Authorization Professional

☐ ISSAP® Information Systems Security Architecture Professional

☐ CSSLP® Certified Secure Software Lifecycle Professional

☐ ISSEP® Information Systems Security Engineering Professional

☐ CCFPSM Certified Cyber Forensics Professional

☐ ISSMP® Information Systems Security Management Professional

☐ HCISPPSM HealthCare Information Security and Privacy Practitioner

☐ SSCP® Systems Security Certified Practitioner

☐ CCSPSM Certified Cloud Security Professional

For those candidates who do not have the required practical experience required for full certification:

Associate of (ISC)²: ☐ CISSP ☐ CAP ☐ CSSLP ☐ SSCP

☐ CCFP ☐ HCISPP ☐ CCSP

☐ I have a physical or other disability that may require special arrangements. Please refer to the (<https://www.isc2.org/certification-register-now.aspx>) for our complete policy on special arrangements.

SECTION 3: APPLICANT BACKGROUND

Have you ever been convicted of a felony, a crime based on dishonesty (felony or misdemeanor involving lying) or a Court Martial in military service, or is there a felony charge now pending against you? (Omit minor traffic violations and offenses prosecuted in juvenile court).

☐ Yes ☐ No

Have you ever been involved, or publicly identified, with criminal hackers or hacking?

☐ Yes ☐ No

Have you ever had a professional license, certification, membership or registration revoked, or have you ever been censured or disciplined by any professional organization or government agency?

☐ Yes ☐ No

Have you ever been known by any other name, alias, or pseudonym? (You need not include user identities or screen names with which you were publicly identified).

☐ Yes ☐ No

If you replied YES to any of the questions in Section 3, explain fully below, and if you need additional space, explain on a separate sheet of paper attached to this form.

SECTION 4: APPLICATION REQUIREMENTS

(Complete the appropriate section related to the certification/concentration you checked in Section 2)

Applicant must meet the following requirements to qualify to sit for the CISSP®/CAP®/CSSLP®/SSCP®/CCFPSM/HCISPPSM/HCISPPSM examination:

A) Subscribe to the (ISC)² Code of Ethics

B) Have the minimum year(s) of **professional experience** indicated below. Please refer to the (ISC)² Website (www.isc2.org) for comprehensive guidelines regarding what constitutes professional information security experience. CISSP's may be eligible to waive **One Year of Professional Experience**:

CISSP® - 5 years of direct full-time information security professional experience in 2 or more of the 10 domains of the (ISC)² CISSP CBK®

CAP® - 2 years of direct full-time information security professional experience in 1 or more of the 7 domains of the (ISC)² CAP CBK®

CSSLP® - 4 years of direct full-time information security professional experience in 1 or more of the 8 domains of the (ISC)² CSSLP CBK®

SSCP® - 1 year of direct full-time information security professional experience in 1 or more of the 7 domains of the (ISC)² SSCP CBK®

CCFPSM - Four-year college degree plus 3 years of direct full-time digital forensics or IT security experience in 3 or more of the 6 domains of the (ISC)² CCFP CBK® (if no degree, 6 years of direct full-time digital forensics or IT security experience in 3 or more of the 6 domains of the (ISC)² CCFP CBK®)

HCISPPSM - 2 years of experience in 1 or more of the 6 domains of the (ISC)² HCISPP CBK® that includes security, compliance & privacy. Legal experience may be substituted for compliance, and/or information management experience may be substituted for privacy. 1 of the 2-year experience requirement must be in healthcare.

CCSPSM - 5 years of cumulative paid full-time information technology experience, of which three (3) years must be in information security and one (1) year in one of the six (6) domains of the CCSP examination. Earning the Cloud Security Alliance's CCSK certificate can be substituted for one (1) year of experience in one of the six (6) domains of the CCSP examination. Earning the CISSP credential can be substituted for the entire CCSP experience requirement.

To qualify for a concentration examination, you must be a CISSP in good standing, Please enter your member ID Number _____

Section 5: EXAMINATION PREFERENCES

New date(s) you wish to attend - please see the Exam Schedules page at www.isc2.org for a current list of exam dates and locations. Please note the rescheduling policies at (<https://webportal.isc2.org/Custom/ExamsSearch.aspx>) prior to selecting your preferences.

Exam Date: _____ (MM/DD/YY) Exam Location: _____

The CISSP Concentrations exams CSSLP, and CAP exams are available in English only.)

All non-English exams include each question in both English and chosen language.

CISSP Exam Language: ☐ English (US) ☐ French (Standard) ☐ German ☐ Japanese ☐ Korean ☐ Spanish (International) ☐ Brazilian Portuguese

SSCP Exam Language: ☐ English (US) ☐ Japanese ☐ Portuguese ☐ Bahasa Indonesia

Private Event Code (if applicable): _____

Section 6: EXAMINATION FEES

Fees you pay will depend on the location of the event.

For those candidates who do not have the required practical experience required for full certification:

EXAM FEES*

	USD	GBP	EUR
<input type="checkbox"/> CISSP or Associate of (ISC) ²	599	415	520
<input type="checkbox"/> CISSP Concentration (ISSAP, ISSEP, ISSMP)	399	280	350
<input type="checkbox"/> CAP or Associate of (ISC) ²	419	290	360
<input type="checkbox"/> CSSLP or Associate of (ISC) ²	549	380	480
<input type="checkbox"/> SSCP or Associate of (ISC) ²	250	175	215
<input type="checkbox"/> HCISPP or Associate of (ISC) ²	349	240	280
<input type="checkbox"/> CCFP or Associate of (ISC) ²	549	380	480
<input type="checkbox"/> CCSP or Associate of (ISC) ²	549	380	480

*Taxes may apply based on examination location.

Section 7: METHOD OF PAYMENT

Payment is due at the time of registration. Payment may be made by voucher or by check, money order drawn on a major U.S. bank or via a major credit card. Please make checks or money order payable to (ISC)². **Taxes may apply based on examination location.**

Please select payment method:

☐ Please enter your voucher number: _____ Voucher (Enter 24 - 32 characters from left to right)

☐ I have paid an authorized (ISC)² Affiliate. Name of Affiliate: _____

☐ **Check (Taxes may apply based on examination location. If you have questions about VAT or other taxes, please call the regional office nearest you - See page 4).**

☐ Credit Card ☐ VISA (13 or 16 Digits) ☐ Mastercard (16 Digits) ☐ American Express (15 digits)

Please enter your credit card number: _____

Please enter your credit card expiration date (MM/YY): _____/_____/____

CREDIT CARD AUTHORIZATION I hereby authorize (ISC)² to charge (amount) _____

plus any applicable taxes to my credit card indicated above, subject to the (ISC)² cancellation and refund policy stated: [\(Cancellation and Refund Policies\)](#)

Authorized Signature: _____ Date: _____

Billing Address (if different than the address on Page 1) _____

Section 8: APPLICATION AGREEMENT & POLICIES

I hereby agree to the conditions as set forth in the (ISC)² policies, procedures and terms, including the confidentiality requirements herein. I confirm that (ISC)² has the authority to invalidate, suspend, nullify, or void my examination score or certification subject to the terms herein. I agree that any violation of this application, Examination Agreement, policies or procedures of (ISC)², including disclosure of confidential information, is also a violation of the (ISC)² Code of Ethics and (ISC)² can take any action it deems necessary, including legal enforcement.

I HAVE READ THIS APPLICATION, EXAM AGREEMENT, AND ALL (ISC)² POLICIES AND PROCEDURES AND ACCEPT THE OBLIGATIONS IMPOSED UPON ME. NO PROMISES, THREATS, OR REPRESENTATIONS HAVE BEEN MADE TO ME TO INDUCE ME TO ENTER INTO THIS AGREEMENT. I ACCEPT THIS AGREEMENT VOLUNTARILTY AND FREELY

I HAVE READ AND UNDERSTAND THESE STATEMENTS AND INTEND TO BE LEGALLY BOUND BY THEM.

Authorized Signature: _____

Date: _____

Section 9: FORM INSTRUCTIONS

Mail or fax this completed form to the (ISC)² office nearest to the examination event location:

AMERICAS

(ISC)² Registration
311 Park Place Boulevard, Suite 400
Clearwater, FL 33759
USA
Ph: +1.727.785.0189
(Toll Free): 1.866.331.ISC2 (4722)
Fax: +1.727.683.0785

EUROPE / MIDDLE EAST / AFRICA

(ISC)² EMEA
Second Floor
6 Hays Lane
London, SE1 2HB
United Kingdom
Ph: +44 (0)203.283.4383
Fax: +44 (0)203.283.4384

ASIA - PACIFIC

(ISC)² Asia - Pacific
Unit 807, 8th Floor, Tower 1
The Gateway, Harbour City
25 Canton Road, Tsim Sha Tsui
Kowloon, Hong Kong
Ph: +852.2850.6951
Fax: +852.2850.6959

You will be contacted at your preferred email address (as indicated on page 1) regarding your exam registration.